

DEPARTMENT OF VETERANS AFFAIRS DEPUTYASSISTANT SECRETARY FOR HUMAN RESOURCES MANAGEMENT WASHINGTON DC 20420 MAR 0 1 2004

HUMAN RESOURCES MANAGEMENT LETTER NO. 05-04-01

Position Classification Guidance for Social Workers Assigned to Serve as SCI Coordinators

1. <u>Purpose</u>. This Human Resources Management Letter (HRML) provides guidance on classifying Social Worker, GS-185, positions that have been given the responsibility for serving persons with spinal cord injury and disorders.

2. Background.

- a. Spinal Cord Injury (SCI) is one of six nationally recognized Veterans Health Administration (VHA) special disability programs. The Spinal Cord Injury and Disorders (SCI & D) program is a nationwide program administered in support of 23 SCI Centers throughout VHA. VHA Handbook 1176.1 directs the Chief Medical Officers at facilities without SCI centers to designate a social worker to serve as the SCI Coordinator.
- b. On March 13, 2003, the Office of Human Resources Management (OHRM) published HRML 05-03-02, Position Classification and Staffing Guidance for Social Worker Positions which have Program Responsibilities. This HRML supported the establishment of grade 12 for Social Worker positions which had program responsibilities assigned to it, as is typically the case with the SCI Coordinator.
- c. The U.S. Office of Personnel Management (OPM) on May 22, 2003, determined in an appeals decision that a SCI Coordinator position, was properly classified as a Social Worker, GS-185-12. (OPM Decision Number C-0185-12-01).
- d. The Under Secretary for Health (USH) has stated that it is the Department's expectation that SCI Coordinators be appointed to ensure that SCI patients receive specialty care in a clinically appropriate timeframe, in compliance with VHA Directive 1176.1.
- e. The U.S. Court of Appeals for the Federal Circuit reached a settlement agreement between the Paralyzed Veterans of America and Secretary of Veterans Affairs, including an agreement that VHA will continue to develop, promote, and monitor the establishment of SCI injury primary care teams at VHA facilities without SCI centers and to appoint SCI Coordinators in compliance with VHA Directive 1176.1.

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3. Guidance

- a. Each Department of Veterans Affairs (VA) facility without an SCI Center must appoint a social worker to serve as the SCI Coordinator, in accordance with VHA Directive 1176.1.
- b. When classifying the SCI Coordinator's position description, the specialized training, independent functioning, and complex and unpredictable caseload requirements should be considered. OPM Decision Number C-0185-12-01 and HRML 05-03-02 provide additional information in the interpretation of the OPM Classification Standard for Social Work Series, GS-0185 for these SCI positions duties and responsibilities.
- c. The attached position description is provided to ensure consistency in the evaluation and classification process. The attached position description was classified at the GS-12 level by OHRM's Compensation and Classification Division. This position description can be used during the interim implementation of the new hybrid Title 38 Legislation (that covers Social Workers). In addition, it will be reviewed at a later date for adaptation to a functional statement. Any questions concerning this guidance should be referred to Jim Halliday, Classification and Compensation Division, at (202) 273-4973, or Kathlene Chadband, Administrative Officer, SCI&D Strategic Healthcare Group, at (206) 768-5428.

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DEPARTMENT OF VETERANS AFFAIRS SPINAL CORD INJURY COORDINATOR POSITION DESCRIPTION

Title: Spinal Cord Injury Coordinator

Series/Grade: GS-0185-12

INTRODUCTION:

Spinal Cord Injury (SCI) is one of six nationally recognized Veterans Health Administration (VHA) special disability programs. VHA facilities without SCI centers should appoint SCI program coordinators to oversee access to care, referrals for treatment services, and case management for spinal cord injured veterans. The SCI Coordinator is a social worker with responsibility for managing the facility's SCI program and for coordinating SCI treatment services for veterans. The SCI Coordinator facilitates efficient and appropriate delivery of care within the "Hub" (SCI Center) and "Spokes" (VA facilities where locally accessible primary care is provided) System of Care. The "Hub" is the SCI Center where comprehensive interdisciplinary specialty and primary care are located. The "Spokes" are other VA facilities within specified catchment areas that provide locally accessible primary care.

PRINCIPAL DUTIES/CRITICAL TASKS

The SCI Coordinator plans, develops, and implements components of the SCI program within the "Hub and Spokes System of Care". This responsibility includes but is not limited to:

PROGRAM MANAGEMENT

- Develops a system to identify SCI patients served by the facility and community
 who belong in this special disability group. This may involve use of the Spinal
 Cord Dysfunction (SCD) Registry, Patient Treatment File searches, Veterans
 Health Information System and Technology Architecture (VistA) and
 Computerized Patient Record System (CPRS) records, SCD reports and/or
 Classification reports, Patient Data Exchange, Network Health Exchange, and
 contacts within the community. This developed system alerts the SCI
 Coordinator of admissions or outpatient appointments of veterans receiving care
 anywhere within the facility for appropriate SCI consultation and potential referral
 to an SCI Center.
- Serves as the point of contact for all inquiries regarding the SCI program. This
 may include stakeholders (e.g., veterans, families, community hospitals and
 nursing homes, Paralyzed Veterans of America (PVA) and other Veterans
 Service Organizations), Spinal Cord Injury and Disorders Strategic Healthcare
 Group (SCI&D, SHG) and Congressional inquiries.

- Coordinates an annual comprehensive preventive health evaluation for each enrolled SCI patient at the SCI Center or at an appropriate SCI Outpatient Support Clinic.
- Promotes and coordinates annual evaluations within the SCI Center and appropriate SCI Outpatient Clinics.
- Prepares SCI program reports for the SCI Center, SCI Support Clinic, the SCI & D, SHG Group in VA Central Office, Congress, and other stakeholders.
- Develops a procedure for referrals between the SCI Center and local VA and/or community hospitals and facilitates appropriate and timely inter-facility transfers.
- Responsible for management of the nationwide SCD Registry for the facility to include the entering, editing, compiling, analyzing, and updating of Registry data. Ensures registration of appropriate veterans for clinical, administrative, and outcome purposes. Manages the training for all staff involved with the Registry, including the facility Automated Data Processing Application Coordinator (ADPAC). Reviews the latest patches for the Registry. The Registry provides a database linked to other VistA files, allowing the SCI Coordinator to track patients admitted and discharged within the medical center, and to review utilization of laboratory, pharmacy, inpatient, and outpatient resources.
- Establishes performance standards for the SCI program that promote quality and efficiency in service to the veterans in coordination with the overall goals of the medical center and national SCI&D program.
- Develops policy and procedures to ensure compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other accrediting bodies and regulatory standards as needed.
- Researches community resources (local, state, and national) that are available to provide continuity of care and to enhance the quality of life of the veteran.
 Disseminates information on resources throughout the VISN.
- Explores and analyzes long term care placement options in the community, i.e., assisted living facilities, nursing homes, handicapped accessible housing, and state veterans' homes. Identifies unmet needs of the SCI population and works collaboratively with the VHA Office of Geriatrics and Extended Care and community agencies to develop and implement solutions.
- Develops a data driven continuous quality improvement program with established goals and outcomes to evaluate and document the program's effectiveness.
- Develops and implements a plan for outreach to extend services to veterans with SCI who may benefit from care, but who do not presently use VA for their healthcare needs.
- Ensures that the SCI program is interdisciplinary and fully integrated with the inpatient and outpatient medical programs.
- Establishes collaborative relationships with physicians, nurses, and other disciplines to foster their involvement in the care of veterans with SCI.
- Manages the daily operation of the SCI program and provides accountability for program effectiveness and modification of service patterns to enhance customer satisfaction.

 Identifies gaps in services and develops a plan, in consultation with SCI staff and other departments as appropriate, that will make available the best possible resources in meeting program needs.

II. PROVISION OF SOCIAL WORK SERVICES

The SCI Coordinator also functions as the Social Work member of the interdisciplinary SCI treatment team. Clinical social work services are provided to the SCI population with frequent complex and unpredictable caseload requirements. Such service responsibilities include, but are not limited to:

- Completes psychosocial evaluation and assessment and periodic reassessments of each patient served, which provides a comprehensive social database to identify psychological, social, and vocational needs and the appropriate treatment and services to be provided.
- Develops and implements realistic and achievable social work treatment plans, as part of the interdisciplinary treatment plans, that reflect an ability to effectively utilize a broad range of treatment modalities.
- Provides individual, family, and group counseling aimed at helping the veteran and his family find practical solutions to complex problems.
- Advocates on behalf of the veteran to ensure that services and benefits are obtained in a timely manner and in keeping with the VA's goal for excellence in customer service.
- Establishes and maintains therapeutic relationships with SCI veterans and their families.
- Manages and coordinates provision of the following services as appropriate:
 Activities of Daily Living (ADL); Personal Care Attendant (PCA); Nutritional
 Management; Prosthetic Appliances; Medical Supplies; Vocational
 Rehabilitation; Leisure and/or Avocational Interests; Peer Counseling for
 Families and/or Significant Others; Transportation and Finances; Home
 Evaluations; Housing Alternatives; and Identification, Development and
 Utilization of Community Resources.
- Refers veterans to other organizations and community resources (i.e., housing alternatives personal care services, transportation resources, etc. or other VA governmental resources) for services not available from the VHA facility.
- Maintains a current, productive network of referral resources to include substance abuse treatment, outpatient medical/psychiatric care, vocational rehabilitation, etc. and with Veterans Service Organizations, including the Paralyzed Veterans of America (PVA).
- Makes home visits to assess the home environment when appropriate to ensure that services are provided that will enable the veteran to live safely and independently.
- Provides advanced directive (Living Will and Durable Power of Attorney for Health Care) information and education to the veteran and family, assisting the veteran in preparing such documents, as requested.

III PATIENT AND STAFF EDUCATION

- Provides consultation to other staff, patients and their families regarding the appropriate level of care within the VHA "Hub and Spokes System of Care."
- Shares expertise and provides consultation to professional staff throughout the facility on SCI related issues.
- Establishes and maintains an ongoing education program for patients, students and staff to facilitate understanding of medical treatment, including clinical practice guidelines, long term care, psychosocial problems facing the SCI population, home care, psychosocial adjustment, and caregiver issues specific to SCI & D.

KNOWLEDGE REQUIRED FOR THE POSITION

The incumbent must be knowledgeable about acute rehabilitation following spinal cord injury, secondary complications and treatment, physical and psychological implications of SCI for both the individual and family, available medical and surgical clinical interventions, and preventive measures for maximizing function and independence.

The position requires mastery of a wide range of qualitative and/or quantitative methods for the assessment and improvement of program effectiveness and advocating for the special needs of the population, in addition to knowledge of the principles and theoretical concepts of Social Work. The SCI Coordinator is knowledgeable in the maintenance and report capabilities of the Spinal Cord Dysfunction Registry, enabling use of the system to track care and identify aspects of successful program operations that can be used during outside reviews (e.g., PVA, JCAHO, National SCI).

The position requires knowledge of VA benefits and other government entitlement programs for treatment, rehabilitation and services. This involves a comprehensive knowledge of administrative laws, policies, regulations, and resources applicable to the disabled including community resources and services for the disabled, local peer counseling programs or groups, and Federal laws or regulations regarding the disabled.

The position requires knowledge of the SCI&D SHG program goals and objectives, the sequence and timing of key program events and milestones, and methods of evaluating the worth of program accomplishments. The SCI Coordinator demonstrates skills to plan, organize, and direct team study work and to negotiate effectively with management to accept and implement recommendations where the proposals involve substantial agency resources, require extensive changes in established procedures, or may be in conflict with the desires of the activity studied.

SUPERVISORY CONTROLS

The SCI Coordinator is administratively and professionally responsible to the Chief of Staff (or designee) and functions autonomously. The incumbent is expected to make independent decisions and requires minimal supervision. The employee is responsible for planning and organizing the work, coordinating with staff and management personnel, and reviewing all phases of the continuing care for this population. His/her work is reviewed for technical adequacy and conformance with procedures and practices applicable to the national SCI VA policy.

GUIDELINES

Guidelines are available in the form of VHA directives and national referral guidelines, the VHA Handbook for Spinal Cord Injury and Disorders System of Care Procedure, and clinical practice guidelines. The SCI Coordinator serves as a consultant to local administrators on SCI matters. It is essential for the incumbent to interpret the guidelines and develop and implement mechanisms to ensure that veterans' care is rendered appropriately according to policies. In instances where there are gaps in guidelines, the SCI Coordinator must use considerable judgment, based on knowledge of the SCI program, to apply VA policies and practices of care both within and outside the VA setting. The SCI Coordinator has a key role in decision-making regarding the local facility's SCI program. Significant knowledge, judgment and ingenuity are required. The SCI Coordinator may consult with VA administrators and colleagues. However, much of the care is coordinated with other VA facilities and community agencies. The incumbent is expected to administer the SCI program in accordance with local and VA Central Office policies and directives with a minimum of supervisory control

COMPLEXITY

Work involves intensive Social Work services requiring the exercise of mature professional judgment and the flexible use of a wide range of Social Work skills. The population served has unique needs, with the loss of function and the necessary involvement of family and other agencies often resulting in serious and complicated cases. Patients present a wide range of psychosocial and environmental problems that require creative problem solving and planning. Decisions concerning planning, organizing and implementing the plans are often complicated by the various agencies and individuals involved in the care plan.

SCOPE AND EFFECT

The SCI Coordinator plans, develops, implements, and evaluates the SCI program to assure continual quality improvement and excellence in customer service. The work affects a wide range of agency activities and operations. It directly affects the health and well-being of the patients served, and it affects relationships with community organizations and stakeholders.

PERSONAL CONTACTS

Contacts are with numerous veterans; professional, administrative and managerial staff throughout VHA and the private sector, including local hospitals, State veterans homes, national SCI Program officials, and JCAHO surveyors; Veterans Service Organizations; community organizations; and other stakeholders.

PURPOSE OF CONTACTS

The purpose of contacts is to provide services and information and to, on occasion, persuade individuals and groups with differing opinions or interests to change criteria or methods, accept findings, or reach agreement on technical points. Contacts may be uncooperative, skeptical, or contentious, requiring skill in persuasion, negotiation, motivation or establishment of rapport.

OTHER FACTORS

The work may require travel away from the medical center at which times the incumbent is expected to observe all facility and local regulations and policies.

Interaction with veterans, family/friends and staff need to reflect life stage considerations:

For young adulthood (20-40 years): accepts adult's life adjustments relating to health. Recognizes the person's commitment and the function of competence in life. Supports change as necessary for life.

For middle adulthood (40-65 years): assists clients in planning for anticipated changes in life, recognizing the risk factors related to health, and focusing on strengths rather than weaknesses.

<u>For older adulthood (65-74 years):</u> assists clients in keeping physically and socially active and maintaining peer group interactions. Clients may have increasing dependence on others.

For middle-old adulthood (75-84 years): assists clients with self-care as required and maintaining as much independence as possible.

For old-old adulthood (85 and older): assists clients in coping with loss, i.e., hearing, eyesight, death of a loved one, and loss of function. Provides necessary safety measures.